

# Personal Support Plan

Name:	Effective Date of Plan:
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<b>Consumer Survey</b>	Date of Survey:
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Yes	No	N/A	<i>Ask as many components of each question that the individual is able to answer. For those individuals who do not communicate verbally, ask those who know the person best to assist in answering the questions. Please provide explanations, where appropriate, in the space provided.</i>
			Are you happy where you live? Why or why not?
			Have you ever thought of living anywhere else? If yes, where?
			Do you feel safe in your home? If no, why not?
			Is anyone mean to you at home? If yes, who?
			Do you have privacy, if you want it? If no, why not?
			Do people come into your home/bedroom without knocking or being invited? If yes, who?
			Does anyone take your stuff without it being okay with you? If yes, who takes your stuff and what do they take?
			Do you ever give away your stuff without it being okay with you? If yes, what stuff do you give away and who do you give it to?
			Are there places you want to go and can't because you don't have a way to get there?
			Do you like where you work or what you do during the day? Why or why not?
			Have you ever thought of doing a different job or something different during the day? If yes, what?
			Do you like how people treat you at work/day activity? If no, why not.

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			Do you get to spend enough time with your friends? If no, why not?
			Can you get your own food and/or drink? If no, why not?
			Do you make choices about what you do at home? If no, why not?
			Do you make choices about what you do during work/day activities? If no, why not?

If your staff doesn't show up, who do you call?
Who do you talk to if you need help or have a problem at home?
Who do you talk to if you need help or have a problem during work/day activities?
Who do you talk to if you need help or have a problem in the community?
What would make your life better?
Who offered input on this consumer survey and, if not the person supported, what is their relationship to the person?

The Consumer Survey is completed annually for all individuals in Developmental Disabilities services, including case management only. This form must be kept with the PSP document.